

## LETTER

# Physicians recommendations for and personal use of low-fat and low-carbohydrate diets

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### Introduction

Little is known about the prevalence of overweight and obesity in physicians. Studies find that between 30 and 58% define themselves as overweight, and 8–18% as obese.<sup>1,2</sup> As part of a physician survey of personal weight management strategies, we investigated physicians' own personal dieting behavior and their diet recommendations to their patients.

### Methods

We conducted a descriptive, cross-sectional study using an anonymous mailed questionnaire of a large, suburban, community, nonteaching Midwestern hospital in Fall 2001. We surveyed the entire active, current medical staff (MD or DO degree), totaling 538. We asked 'In the last 5 y, have you followed any of the following diets yourself?'; and 'In the last 5 y, have you prescribed or recommended any of the following diets for your patients?'

### Results

Of the 536, 402 (75%) responses were returned; 394 (74%) included weight and height data. Most responders were male (75%); mean age was  $45 \pm 9$  y (s.d.). Over 83% spent more than 75% of their work time in direct patient care. Average body mass index (BMI) was  $25.1 \pm 3.32$  kg/m<sup>2</sup>; 44% were overweight, including 8% obese (BMI > 30 kg/m<sup>2</sup>). Nonrespondents did not differ with respect to age, gender, and physician specialty.

Most respondents had not attempted to follow a diet in the past 5 y, including most overweight physicians (126 or 72%). Of the 97 actual diet attempts, 66 (67%) were by overweight physicians (Table 1). Equal percentages of respondents had followed popular low-carbohydrate and low-fat diets (9% each). Overall, 37 attempts (38%) were for low-carbohydrate diets; 31 (32%) were for low-fat diets; and 29 (30%) were for other or unspecified diets.

In contrast, most physician recommendations (225 of 334, or 67%) were for popular low-fat diets. Most physicians making recommendations (56%) recommended low fat; only 16% of physicians recommended low carbohydrate. Nearly half (196 or 49%) of all respondents reported not recommending any diet, although a greater percentage of overweight physicians ( $n = 94$  (54%)) had recommended a diet than had healthy weight physicians ( $n = 106$  (48%) ( $P = NS$ )).

### Comment

Review of a national registry of successful dieters maintaining a 30 pound or greater weight loss shows that most follow their own individualized, primarily low-fat diet, not popular or commercial diets.<sup>3</sup> The diets which physician respondents recommended most to their patients, however, tend to be commercial. These are aggressively marketed, have a prominent social component and result in a mean of 6 pounds sustained weight loss at up to 2 years.<sup>4</sup>

We believe that physicians tended to follow lower carbohydrate diets because of their effectiveness, at least short term; because of their promotion; and because of their initial gustatory appeal. The data likely understate the current true difference between personal use of and patient recommendations for low-carbohydrate diets, given their recent increased fashionableness.

Managed care as an industry has been criticized for noncoverage of obesity-related treatments. Even Medicare does not consider obesity to be a disease or illness, although it does recognize gastric bypass surgery as treatment for diabetes or heart disease. Federal coverage for medical nutrition therapy has been increased, but obesity is not a covered diagnosis. State Medicaid programs vary widely in their coverage of medications and operations, and requirements for coverage.

Yet the prescription of a particular diet or eating plan, with careful follow-up and monitoring, is not an out-of-pocket expense—for the plan, provider, or the patient. It costs only attention to the patient, record-keeping, and the time it takes to identify BMI, the patient's state-of-readiness to change, and to agree on personal medical goals and a plan.

This work was presented at the 4th Annual University of Chicago Conference on Alternative Medicine, Chicago, Illinois, December 13, 2002.

**Table 1** Physician reports of popular diets personally followed and recommended to patients in the past 5 years<sup>a</sup>

Popular diet	Subgroup	Personally followed	Recommended for patients
All diets		97 diet attempts by physicians	334 physician recommendations to patients
Low-fat and very low-fat diets		31 (32.0%)	225 (67.4%)
Jenny Craig (high CHO, moderate PRO, low fat) <sup>b</sup>	All physicians (n = 402 <sup>c</sup> )	9 (2.2%)	52 (13.0%)
	BMI < 25 kg/m <sup>2</sup> (n = 220)	1 (0.5%)	23 (10.5%)
	BMI ≥ 25 kg/m <sup>2</sup> (n = 174)	8 (4.6%)	29 (16.7%)
Ornish (very high CHO, moderate PRO, very low fat)	All physicians (n = 402 <sup>c</sup> )	3 (0.7%)	19 (4.7%)
	BMI < 25 kg/m <sup>2</sup> (n = 220)	1 (0.5%)	10 (4.5%)
	BMI ≥ 25 kg/m <sup>2</sup> (n = 174)	2 (1.1%)	9 (5.2%)
Pritikin (very high CHO, moderate PRO, very low fat)	All physicians (n = 402 <sup>c</sup> )	5 (1.2%)	6 (1.5%)
	BMI < 25 kg/m <sup>2</sup> (n = 220)	2 (0.9%)	2 (0.9%)
	BMI ≥ 25 kg/m <sup>2</sup> (n = 174)	3 (1.7%)	4 (2.3%)
Weight watchers (high CHO, moderate PRO, low fat)	All physicians (n = 402 <sup>c</sup> )	14 (3.5%)	148 (36.8%)
	BMI < 25 kg/m <sup>2</sup> (n = 220)	4 (1.8%)	69 (31.4%)
	BMI ≥ 25 kg/m <sup>2</sup> (n = 174)	10 (5.7%)	79 (45.4%)
Low-carbohydrate and very low-carbohydrate diets		37 (38.1%)	67 (20.0%)
Atkins (very low CHO, high PRO, high fat)	All physicians (n = 402 <sup>c</sup> )	29 (7.2%)	47 (11.7%)
	BMI < 25 kg/m <sup>2</sup> (n = 220)	9 (4.1%)	24 (10.9%)
	BMI ≥ 25 kg/m <sup>2</sup> (n = 174)	20 (11.5%)	23 (13.2%)
Sugar busters (low CHO, high PRO, high fat)	All physicians (n = 402 <sup>c</sup> )	3 (0.7%)	4 (1.0%)
	BMI < 25 kg/m <sup>2</sup> (n = 220)	1 (0.5%)	1 (0.5%)
	BMI ≥ 25 kg/m <sup>2</sup> (n = 174)	2 (1.1%)	3 (1.7%)
Suzanne somers (low CHO, moderate PRO, high fat) <sup>b</sup>	All physicians (n = 402 <sup>c</sup> )	1 (0.2%)	2 (0.5%)
	BMI < 25 kg/m <sup>2</sup> (n = 220)	0 (0.0%)	0 (0.0%)
	BMI ≥ 25 kg/m <sup>2</sup> (n = 174)	1 (1.1%)	2 (1.1%)
Zone (moderate CHO, high PRO, moderate fat)	All physicians n = 402 <sup>c</sup>	4 (1.0%)	14 (3.5%)
	BMI < 25 kg/m <sup>2</sup> (n = 220)	1 (0.5%)	7 (3.2%)
	BMI ≥ 25 kg/m <sup>2</sup> (n = 174)	3 (1.7%)	7 (4.0%)
Other and unspecified diets		29 (29.9%)	42 (12.6%)
Andrew Weil (high CHO, moderate PRO, moderate fat) <sup>b</sup>	All physicians (n = 402 <sup>c</sup> )	6 (1.5%)	7 (1.7%)
	BMI < 25 kg/m <sup>2</sup> (n = 220)	3 (1.4%)	4 (1.8%)
	BMI ≥ 25 kg/m <sup>2</sup> (n = 174)	3 (1.7%)	3 (1.7%)
Unspecified diets	All physicians (n = 402 <sup>c</sup> )	23 (5.7%) <sup>d</sup>	35 (8.7%) <sup>e</sup>
	BMI < 25 kg/m <sup>2</sup> (n = 220)	9 (4.1%)	22 (10.0%)
	BMI ≥ 25 kg/m <sup>2</sup> (n = 174)	14 (8.0%)	13 (7.5%)
No diet followed or recommended	All physicians (n = 402 <sup>c</sup> )	318 (79.1%) <sup>f</sup>	196 (48.8%) <sup>f</sup>
	BMI < 25 kg/m <sup>2</sup> (n = 220)	190 (86.4%)	114 (51.8%)
	BMI ≥ 25 kg/m <sup>2</sup> (n = 174)	126 (72.4%)	80 (46.0%)

<sup>a</sup>Carbohydrates (CHO): very low (<10%), low (10–29%), moderate (30–55%), high (>55%). Protein (PRO): low (<10%), moderate (10–19%), high (20–29%), very high (>30%). Fats: very low (<15% total energy), low (15–24%), moderate (25–39%), high (>39%) adapted from references.<sup>6</sup> <sup>b</sup>Diet descriptions based on recipe analysis, as reported in Roizen M, La Puma J (*The real age diet*. HarperCollins: NY; 2001. pp 101–131), except for Jenny Craig descriptions, based on www.jennycraig.com and www.weightwatcher.com descriptions, 2001). <sup>c</sup>Includes eight physicians for whom no BMI data were available. <sup>d</sup>Includes six individualized diets, three low-carbohydrate diets, three low-fat diets, three other popular diets, and eight attempts at seven miscellaneous other diet types. <sup>e</sup>Includes seven recommendations for liquid diets, six for low-fat diets, five for dietitian/nutritionist counseling, four for other group programs, and 13 for eight miscellaneous other diet types. <sup>f</sup>Includes two respondents for whom no BMI data were available.

While the sample size of physicians is small and may be representative only of the community identified, it does suggest that physicians seldom prescribe diets, although when they do, there is discordance between their personal

use of and patient recommendation for popular diets. Physicians can and should begin to prescribe particular eating plans for their patients.

## Disclosures

Dr La Puma has received compensation from 1999 to 2004 for consulting with medical conference sponsors to create and supervise healthful conference meals. Dr Maki has received honoraria, research stipends, and/or consulting fees related to products or research on weight management from: Roche Pharmaceuticals, Ross Products Division of Abbott Laboratories, Kao Corporation, Glanbia Foods, AMBI Corporation, and General Mills. Dr Szapary has nothing to declare.

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Supplementary Information accompanies the paper on International Journal of Obesity website (<http://www.nature.com/ijo>).

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